



2013 MOREHEAD CITY RECREATION CENTER INDOOR SOCCER TOURNAMENT

Team Name:	Contact Name, Address & Phone	Age Group U-_____
Player's Name		Birth Date
1.		
2.		
3.		
4.		
5.		
6.		

Release of Liability and Indemnity Agreement

I do hereby and forever discharge the Town of Morehead City, its elected and appointed officials and staff, and participants, instructors, sponsors and administrators of the Morehead City Parks and Recreation Department from any and all actions, claims, and demands for or by reason of any damage, loss or injury which hereafter may be sustained by me or my child in consequence of participation by said person in this program, and will indemnify and save all of the above from such actions, claims and demands.

I hereby acknowledge and admit that the Morehead City Parks and Recreation Department shall not be required to carry any insurance protection for the participants and thereby do agree to provide individual insurance coverage for myself and child.

I have read and fully understand this Release of Liability and Indemnity Agreement and have sufficient time and opportunity to do so as well as to consult anyone of my choice.

Permission is hereby granted for my child to participate in the Morehead City Parks and Recreation Department's program.

Player's Name	Printed Name of Parent	Signature of Parent
1.		
2.		
3.		
4.		
5.		
6.		

Entry Fee Paid: _____

Date: ____/____/____